



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
PRIVATE PROBATION SERVICES COUNCIL
NASHVILLE, TENNESSEE 37243
615-253-1565 FAX 615-741-1245**

Web address: www.state.tn.us/commerce/boards/privatepro

APPLICATION FOR REGISTRATION OF PRIVATE PROBATION SERVICES ENTITY

The applicant is to demonstrate through this application that it has the reasonable ability to furnish continuous probation service in compliance with applicable statutes, rules and uniform contract requirements (see e.g., T.C.A. §§ 16-3-901, *et seq.* and Tenn. Comp R. & Reg. 1177-1). The application must be truthful, accurate and complete.

Submit the Application Fee of **\$100.00** with the application, as well as the following documents as numbered exhibits. **Exhibits submitted with this application are themselves part of the application. If you need additional space for any response, please attach a separate page. Such pages will also be made part of the application.**

1. Sworn criminal record reports on each employee or volunteer
2. Written policies and procedures for staff training
3. Proof of insurance and performance bond as required by applicable statutes and rules
4. Written standards of supervision and description of staffing levels
5. Written procedures for handling court-ordered fines, fees, restitution and community service
6. Written policy for handling indigent offenders
7. Written procedures to follow to obtain evidence to present to the court to revoke an offender's probation
8. A schedule of the range of all probation fees and charges paid by probationers supervised by the entity, and a listing of all probation fees and charges paid by probationers outside the range

Please allow 1-2 weeks processing time for all completed applications.

1. Name and address of private entity:

Name		
Street	P. O. Box	Building
City	State	Zip Code

Telephone Number with Area Code () _____

Email Address

Fax number

2. Form of business organization:

a. ____ Sole Proprietorship b. ____ Partnership c. ____ Corporation d. ____ Other

(Explain) _____.

If Corporation or LLC, submit copy of Corporate Charter or Articles of Organization.

3(a). Full Name of CEO: _____

3(b). Educational Background:

Name and Address of Institution	Attendance	Date of Graduation	Degree Received
_____	(From-To)	_____	_____

3(c). Experience (Detailed and beginning with your most recent employment:

(If you are substituting four (4) years of professional administrative experience with an organization providing services in criminal justice or social work for the bachelor's degree, please attach a separate sheet detailing your experience).

4. Branch office address(es), if applicable:

5. List each judicial district in which your entity provides private probation services. (An additional one hundred (\$100) dollar fee is required for each judicial district):

6. Describe the extent of services to be rendered by the entity:

7. Name, credentials, and position of all employees who will or may be providing supervision to probationers (each employee who is responsible for providing probation supervision shall have at least four (4) years of experience in a criminal justice or a social services agency providing counseling services or shall have a bachelor's and/or an associate's degree from an accredited college or university in any of the following fields: criminal justice, administration, social work, or the behavioral sciences).

8. Describe reporting and record keeping procedures:

9. Describe default and contract termination procedures:

10. Describe policies and procedures for the transfer of supervision of probationers from the entity to another private entity or to a public probation provider:

I hereby swear and affirm that the statements contained in this application are true and correct to the best of my knowledge.

Signature of CEO/Principal Officer/Managing Partner

STATE OF _____

COUNTY OF _____

Sworn and subscribed to before me.

This _____ day of _____, 20____.

Notary Public

SEAL

My Commission expires: _____